

Department of Environmental Regulation  
**Routing and Transmittal Slip**

To: (Name, Office, Location) *Ray Smith Excavating*  
 1. *c/o Ray Smith*  
 2. *18290 D. Paulson Dr. Unit 3 & 4*  
 3. *Port Charlotte FL 33954*  
 4. *(Certified Mail)*

Remarks:  
*Re: Ray Smith's Excavating*  
*C & D Debris Disposal Site*  
  
*Applications, plans & reports, etc are*  
*returned herewith per your*  
*request letter dated April 28th.*

From: *Ghaus Minhey*  
 Date: *4/30/92*  
 Phone: *(813) 332-6975*

Return this card to you. Attach this form to the front of the mailpiece, or on the back if space does not permit. Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:  
*Ray Smith Excavating*  
*c/o Ray Smith*  
*18290 D. Paulson Dr., Unit 3-4*  
*Pt. Charlotte, FL 33954*

4a. Article Number  
*P 831 532 853*

4b. Service Type  
 Registered  Insured  
 Certified  COD  
 Express Mail  Return Receipt for Merchandise

7. Date of Delivery  
*5/1/92*

5. Signature (Addressee)  
*Peggy Kondal*

6. Signature (Agent)  
*Ghaus Minhey*

8. Addressee's Address (Only if requested and fee is paid)  
 GM/vo

P 8 532 853



**Certified Mail Receipt**  
 No Insurance Coverage Provided  
 Do not use for International Mail  
 (See Reverse)

Sent to  
*Ray Smith Excavating*

Street & No.  
*18290 D. Paulson Dr.*

P.O., State & ZIP Code  
*Unit 3 & 4*  
*Pt. Charlotte, FL 33954*

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Address of Delivery

TOTAL Postage & Fees \$

Postmark or Date

PS Form 3800, June 1990